

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - **8493**

2. Fiscal Year Covered From:

1 / **1** / **2004** Through: **12** / **31** / **2004**

3. Name and address of person filing.

Name **Michael** **F** **Sabitioni**

P.O. Box, Bldg., Room No., if any

Street **410 South Main Street**

City **Providence**

State **Rhode Island** ZIP Code + 4 **02903**

4. Name, file number, and address of labor organization.

Name **Construction & General Laborers' LU 271**

Labor Organization File Number **013-097**

P.O. Box, Building and Room Number, if any

Street **410 South Main Street**

City **Providence**

State **Rhode Island** ZIP Code + 4 **02903**

5. Position in labor organization.

Business Manager

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

\$0

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/10/2005

Date

(401) 331-9682

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New England Laborers' Training Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 East Street

City Hopkinton

State Massachusetts ZIP Code + 4 01748

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Training/Education Trust Fund for affiliates of the New England States - Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement for the 2004 ESAC Conference registration

12.b. Amount.

\$325

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

\$0

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 East Street

City Hopkinton

State Massachusetts

ZIP Code + 4 01748

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Training/Education Trust Fund for affiliates of the
New England States - Trustee

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Thanksgiving Turkey and Fruit Basket for the
Trustees and Advisory Council

12.b. Amount.

\$67

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NE Laborers' Labor-Management Coop. Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island

ZIP Code + 4 02903

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Labor Management Cooperation Trust Fund for the affiliates of the New England States - Guest

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended the Iron Workers' Local Union 37's Martin Byrne Scholarship Golf Tournament (An event in which the Trust Fund was a sponsor)

12.b. Amount.

\$90

Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>N.E.Laborers' Labor-Management Coop. Trust</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any: <u></u></p> <p>Street <u>226 South Main Street</u></p> <p>City <u>Providence</u></p> <p>State <u>Rhode Island</u> ZIP Code + 4 <u>02903</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any: <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Labor Management Cooperation Trust Fund for the affiliates of the New England States - Guest</u></p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p><u></u></p>
	<p>12.a. Nature of interest held or income received.</p> <p><u>Attended the NYS Laborers' Charity Golf Classic for the Make-A-Wish Foundation (an event in which the Trust Fund was a sponsor)</u></p>
	<p>12.b. Amount.</p> <p align="right"><u>\$375</u></p>

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name N.E.Laborers' H&S Labor Mang. Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 410 S. Main St. & 226 S. Main St.

City Providence

State Rhode Island

ZIP Code + 4 02903

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Trust Fund's which promote Health & Safety and Labor Management Cooperation for the affiliates of the New England States - Guest

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

2004 Regional Holiday Party

12.b. Amount.

\$100

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Laborers' Int'l Union of NA Tri-Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16th Street, NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

National Trust Fund's which promote Training/
Education, Health & Safety and Labor Management
Cooperation for the affiliates of the United States
and Canada

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended a reception in conjunction with the 2004
LIUNA National Tri-Fund Conference

12.b. Amount.

\$104

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N.E. Laborers' Labor-Management Coop. Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island ZIP Code + 4 02903

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Health & Safety Trust Fund for the affiliates of the New England States - Guest

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended the Impossible Dream Ball. Proceeds from the event assist the Make-A-Wish Foundation (an event in which the Trust Fund was a sponsor)

12.b. Amount.

\$125

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Laborers' Health & Safety Fund of N.A</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State Rhode Island ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides health and safety assistance to related Funds and signatory employers</p> <p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Had dinner at Yachtsman Restaurant with spouse</p> <p>12.b. Amount. \$125</p>

Part B Continuation Page

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Name NE Laborers' Labor-Management Coop. Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 226 South Main Street

City Providence

State Rhode Island

ZIP Code + 4 02903

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Labor Management Cooperation Trust Fund for the affiliates of the New England States

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

T-1 Reporting Meeting held at Capriccio's Restaurant

12.b. Amount.

\$82

Michael F. Sabitoni

ADDENDUM F (MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR
RECOLLECTION)

It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.